

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

402755

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7	/			/		
8		/		/		
9		/		/		
10		/		/		
11	/		/			
12		2		/		
13		/		/		
14	/		/			
15	/		/			
16	/		/			
17	/		/			
18	/		/			
19	/		/			
20		/		/		
21		/		/		
22		/		/		
23		/		/		
24	/		/			
25		3		/		
26		/		/		
27		/		/		
28	/		/			
29	/		/			
30	/		/			
31		8		/		
32		5		/		
33		9		/		
34		9		/		
35		9		/		
36		9		/		
37	/		/			
38		9		/		
39		/		/		
40		/		/		
41		/		/		
42		/		/		
43		/		/		
44		/		/		
45		/		/		
46	/		/			
47		/		/		
48	/		/			
49	/		/			
50	/		/			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54		/		/		
55	/		/			
56		/		/		
57	/		/			
58	/		/			
59	/		/			
60	/		/			
61	/		/			
62	/		/			
63	/		/			
64		3		/		
65		3		/		
66		3		/		
67	/		/			
68		/		/		
69	/		/			
70		2		/		
71		2		/		
72	/		/			
73		/		/		
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	29	↓		↓
TOTAL DEP.		↓	45	↓		↓
TOTAL CLAIMS			74			